



Please type a plus sign (+) inside this box



4

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. Department of Commerce

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/876,256
Filing Date	6/8/01
First Named Inventor	Wilson
Group Art Unit	1653
Examiner Name	Unassigned
Attorney Docket Number	469201-651

I hereby appoint:



Practitioners at Customer Number
OR

27162

Place Bar code label here



Practitioner(s) named below:

Name	Registration Number
Elliot M. Olstein	24,025
John G. Gilfillan, III	22,746
John N. Bain	18,651
Raymond J. Lillie	31,778
William Squire	25,378
Alan J. Grant	33,389
Francis C. Hand	22,280
G. Glennon Troublefield	39,050
Raymond E. Stauffer	47,109

RECEIVED

JAN 24 2003

TECH CENTER 1600/2900

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.
OR



Practitioners at Customer Number
OR

Place Bar code label here



Firm or
Individual Name

Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein

Address

6 Becker Farm Road

City

Roseland

State

NJ

Zip

07068

Country

USA

Telephone

973-994-1700

Fax

973-994-1744

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Timothy R. Payne

Signature

Timothy R. Payne

Date

1/13/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*



*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231



Please type a plus sign (+) inside this box



PTO/SB/82 (10/00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. Department of Commerce
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	09/876,256
Filing Date	6/8/01
First Named Inventor	Wilson
Group Art Unit	1653
Examiner Name	Unassigned
Attorney Docket Number	469201-651

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

27162

Place Customer Number
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein				
Address	6 Becker Farm Road				
City	Roseland				
Country	USA	State	NJ	Zip	07068
Telephone	973-994-1700	Fax	973-994-1744		

I am the:

☐ Applicant/inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Timothy R. Pearson
Signature	
Date	1/13/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

#163614 v1